

ARIZONA STATE BOARD OF ACCOUNTANCY

100 North 15th Avenue, Suite 165

Phoenix, Arizona 85007

Phone 602-364-0804

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ACKNOWLEDGMENT

I, the undersigned, hereby acknowledge under the penalty of perjury that:

1. I have reviewed the requirements associated with inactive status as set forth in A.R.S. § 32-730 and agree to comply with each and every term and condition set forth therein.

2. I will not engage in the practice of public or private accounting during the period of time in which my CPA certificate is inactive.

3. I will not, for a fee or other form of compensation, provide accounting services which I understand includes, but is not limited to, recording and summarizing of financial transactions, analyzing and verifying financial information, reporting of financial results to an employer, clients or other parties, and the rendering of tax and management advisory services to an employer, clients or other parties during the period of time in which my CPA certificate is inactive.

4. I will not assume or use the title or designation of "Certified Public Accountant" or "Public Accountant" or the abbreviation "C.P.A." or "P.A." during the period of time in which my certificate is inactive.

5. I will continue to meet the requirements of biennial registration with the Board as set forth in A.R.S. § 32-730(A).

6. Before I engage in the practice of either public or private accounting or assume the above-mentioned titles and designations, I will reactivate my certificate pursuant to the requirements set forth in A.R.S. § 32-730(D).

7. I understand that if my CPA certificate is not reactivated within six years from the date the Board initially approved my request to have my CPA certificate placed on inactive status it will expire. If I allow my certificate to expire, it will be necessary for me to meet the requirements of A.R.S. § 32-730(H) to obtain a new certificate in Arizona which includes retaking the CPA exam.

DATED this ____ day of _____, 20__

Number

Registrant Name (please print)

Certification

Registrant Signature